

# Wisconsin ServicePoint (WISP) Release of Information

When you request or receive services from \_\_\_\_\_ (agency name), we collect information about you and your household and enter it into a computer program called Wisconsin ServicePoint (WISP). This program helps us to better understand homelessness, to improve service delivery to the homeless, and to evaluate the effectiveness of services provided to the homeless. WISP is used by over a hundred social service agencies throughout the state that provide services to homeless and low-income persons.

**What information is collected?** Depending on your situation, you may be asked for some or all of the following:

- Basic identifying information (may include name, SSN, date of birth, gender, race, marital and family status, household relationships, phone numbers, military veteran status, whether or not you have a disability)
- Housing information (may include address, type of housing, homeless status, reason for homelessness)
- Income information (sources and amounts of household income, employment information, work skills)
- Legal history/information
- Medical information
- Services needed and provided; outcomes of services provided

**What happens to the information collected?**

- Details of your medical/health status will **never** be shared between agencies using Wisconsin ServicePoint.
- With your approval, information collected is shared with other service agencies, but only with authorized persons at these agencies.
- Collectively, data on the homeless population in Wisconsin (but not personal identifying information ) is used in statewide reports on homelessness

NOTE: WISP uses many security protections to ensure confidentiality and only agencies that use WISP can access this program.

**Why should you agree to have your information shared with other agencies that use Wisconsin ServicePoint?**

By sharing your information with these agencies, you will help them:

- Identify other services or programs you may be eligible for,
- Better coordinate services for you and your household,
- More accurately count the number of homeless persons, services available and services needed,
- Show the people who fund homeless programs that the services are needed and
- Obtain other funding for programs that serve homeless persons.

## CLIENT INFORMED CONSENT/RELEASE OF INFORMATION AUTHORIZATION

You have the option to restrict access to personal information that you are providing about yourself and your minor children. You may modify this consent with respect to the sharing of your information at any time.

Except for medical/health status information, you have my consent to share all other information about me with other WI ServicePoint agencies in Wisconsin unless specified otherwise below.

☐ All Information, except the following, may be shared with authorized personnel in other service agencies in Wisconsin: \_\_\_\_\_

☐ My information should not be shared with the following program/agencies: \_\_\_\_\_

☐ My information may only be shared with authorized personnel in the following program/agencies: \_\_\_\_\_

☐ Information about me may only be shared with authorized personnel within this agency.

Your release of information authorization is valid for three (3) years from the date of this document. You may cancel this authorization at any time by written request, but the cancellation will not be retroactive.

\_\_\_\_\_  
SIGNATURE OF CLIENT OR GUARDIAN      DATE

\_\_\_\_\_  
SIGNATURE OF AGENCY WITNESS      DATE